

Electronic Acknowledgement Receipt

EFS ID:	1726232
Application Number:	10597141
International Application Number:	
Confirmation Number:	6570
Title of Invention:	A WRITING INSTRUMENT INCLUDING A VALVE FEEDER DEVICE
First Named Inventor/Applicant Name:	SPIROS GRATSIAS
Customer Number:	20583
Filer:	Peter Gerard Thurlow/Hanna La
Filer Authorized By:	Peter Gerard Thurlow
Attorney Docket Number:	11348-0022-999
Receipt Date:	28-APR-2007
Filing Date:	
Time Stamp:	13:51:39
Application Type:	U.S. National Stage under 35 USC 371

Payment information:

Submitted with Payment	no
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File Listing:

Document Number	Document Description	File Name	File Size(Bytes)	Multi Part (.zip)	Pages (if appl.)
1	Oath or Declaration filed	DOC567.PDF	113653	no	2

Warnings:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10) 597141

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE		
EXAMINATION FEE		
SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.		minus 100 = / 50 =
TOTAL CHARGEABLE CLAIMS	26	minus 20 = * 6
INDEPENDENT CLAIMS	3	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL	

OR

RATE	FEE
BASIC FEE	300
EXAM. FEE	200
SEARCH FEE	400
X \$ 250 =	
X \$ 50 =	300
X \$ 200 =	
+ \$ 360 =	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.